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The guide is intended to serve two purposes: (1) to provide information to agencies contemplating the establishment of a pre-employment training program, and (2) to assist administrative and instructional personnel responsible for such programs. Prior to publication, a tentative draft was circulated to directors of nursing in the 143 Michigan League for Nursing member hospitals for review and recommendations, and selected individuals were consulted. The guide is organized into three major sections. Part I, a guide for initial planning, discusses assessing community needs, selecting the program setting, financing the program, appointing the advisory committee, and interpreting the program. Part II, a guide for organizing the program, deals with the purpose, role of the worker, administrative and fiscal responsibility, instructional staff, training facilities, trainee recruitment and selection, training objectives, curriculum planning, evaluation, and employment counseling. Part III, guides for the instructional staff, presents model training objectives, recommended curriculum content, and a model lesson plan and source schedule. Appendixes include information on age distribution and education background of nurse aides in Michigan and a listing of related references. (JK)

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COMPLIMENTARY COPY

GUIDE FOR DEVELOPING A PRE-EMPLOYMENT TRAINING PROGRAM FOR NURSES' AIDES

INDUSTRY

MICHIGAN LEAGUE FOR NURSING

A Michigan United Fund Agency

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GUIDE FOR DEVELOPING A PRE-EMPLOYMENT TRAINING PROGRAM FOR NURSES' AIDES

MICHIGAN LEAGUE FOR NURSING

A Michigan United Fund Agency

Michigan League for Nursing

TASK FORCE CHARGED TO PREPARE A

GUIDE FOR DEVELOPING PRE-EMPLOYMENT TRAINING PROGRAMS FOR NURSES AIDES

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FOREWORD

In January 1967 the Michigan League for Nursing Board of Directors authorized a Task Force to prepare this Guide. For several years pre-employment training programs for nurses' aides had been emerging in Michigan under a variety of auspices and there was apparent need for more specific guidelines for developing such programs than were then available to the health, education and welfare agencies involved. The League's primary concerns in making the Guide available are:

- that quality safeguards should be built into programs that prepare nursing personnel.
- that the best possible use should be made of public funds spent for preparation of nursing personnel.

At Michigan League for Nursing institutes held throughout the State in 1966 and early months of 1967, inservice nursing educators in hospitals, extended care facilities and nursing homes cited growing need for assistance through pre-employment training of nurses' aides. The American Nurses Association, in a Position Paper on Education for Nursing published in 1965, had endorsed short term pre-service preparation of nursing assistants in the vocational education system and nurses were interested in seeing this implemented more fully in Michigan.

Federal legislation had focused public attention on need for health manpower. Personnel in local school systems were turning to the League for advice about programs to train nurses' aides. At the same time, instructors and counselors in community projects to rehabilitate and prepare disadvantaged youth and adults for gainful employment were asking about course content and length of training acceptable for nurses' aide jobs in general hospitals. All of these inquiries influenced the selection of subject matter for this Guide.

In making the Guide available, the Michigan League for Nursing is encouraging development of soundly planned pre-employment training programs for nurses' aides but wishes to make it clear that establishment of a program must be a local community decision. Community planners will find that the Guide gives a comprehensive picture of what is involved when making such decisions.

(Mrs.) Marguerite Murray, R.N.
Executive Director
Michigan League for Nursing

INTRODUCTION

This Guide is intended to serve two purposes- as an informative device for agencies contemplating establishment of a "pre-employment" training program for nurses' aides and as a guide for administrative and instructional personnel responsible for such programs.

Traditionally hospitals, nursing homes, clinics and public health agencies have borne full responsibility for training auxiliary nursing personnel. Today many of these agencies lack professional nurses who are prepared or who can be assigned to provide "on-the-job", all of the training these workers need. Many employ only one or two new workers at one time making the training costly in professional nursing time. Some communities are finding that it is more economical to provide a central resource for pre-employment training of auxiliary nursing personnel that serves as a screening process and offers a pool of candidates from which employers may select workers who meet their specific qualifications.

Auxiliary nursing personnel are employed under a variety of job titles, e.g. attendant, orderly, home health aide, nurses' aide. The title "nurses' aide" is most descriptive of the great majority of all these workers and represents the type of trainee to which this Guide refers. The title "nurses' aide" clearly describes the role of this worker as that of assisting a nurse - a registered nurse (R.N.) or a licensed practical nurse (L.P.N.) - and correctly implies that <u>where there is no nurse there can be no nurses' aide</u>.

The Task Force that prepared this Guide recognized and considered the great need for psychiatric nursing aides and the emerging demand for home health aides. It was concluded that many of the functions of those nursing assistants were sufficiently unique to make it impractical to meet the training needs of all health services in one short term program. Decision was made to focus primarily on preparation of the nurses' aide for employment in a general hospital, extended care facility or nursing home, although a person with this training would bring useful skills to any health agency.

Prior to publication, a tentative draft of the Guide was circulated for review and recommendations of directors of nursing in the Michigan League for Nursing's 143 member hospitals, extended care facilities and nursing homes throughout Michigan. Selected individuals were also consulted in local school systems, in the College of Nursing at Wayne State University and in State agencies involved in health occupation training programs, namely the Michigan Department of Public Health, Michigan Department of Public Education, Michigan Department of Social Services and the Michigan Employment Security Commission. From all sectors there was overwhelming concurrence with the aims of the Guide and the proposed content. All recommendations from those sources were studied carefully and many were incorporated in the final draft presented here.

In the interest of patient safety and well being of the worker it is imperative that all who are involved in a pre-employment training program for nurses'

aides - planners, trainors, trainees and employers - should clearly understand the practical limitations of such programs. These programs cannot be expected to prepare a worker for every task required of nurses' aides in all hospitals, extended care facilities and nursing homes. They can only be expected to lay a foundation of "minimal" competencies for tasks that are generally accepted as reasonable and safe for this type of nursing personnel to perform.

Pre-employment training programs do not relieve the employer of responsibility to provide job orientation, close supervision and further skill training to enable the newly trained nurses' aide to develop proficiency in a particular work setting. Neither do they relieve the employer of responsibility for knowing what competencies an individual worker brings to the job. However, in communities that provide a central pre-employment training program, employers have a resource for securing references and knowing what to expect when they employ one of these trainees.

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P A R T I

GUIDE FOR INITIAL PLANNING

A) ASSESSING COMMUNITY NEEDS

Pre-employment training programs for nurses' aides serve a variety of community needs. Some take the form of vocational education to prepare teen-age youth for entry into the labor market. Some are designed primarily to train or retrain unemployed adults for gainful employment. Some are set up as adult education classes to which employers send newly employed auxiliary nursing personnel for preliminary training. Others might be designed to meet several or all of these community needs.

Regardless of the motivation for establishing a training program for nurses' aides, planners should first assess the community's need for these workers who are trained before employment. Local hospitals, nursing homes and other health agencies, or the local office of the Michigan Employment Security Commission can supply this information.

B) SELECTING THE PROGRAM SETTING

Having determined community need, individuals or agencies interested in establishing pre-employment training for nurses' aides should explore an appropriate setting for the program. For maximum assurance that the training will be an educational experience and that the entire community will be served, it is recommended that these programs should be centered in the public education system. Consultation for establishing health occupational training programs is available through the Vocational Education Division of the Michigan Department of Education, Lansing, Michigan.

C) FINANCING THE PROGRAM

A first step in planning should be that of exploring appropriate sources of financing. The following should be considered:

1. Trainee Tuition. Trainees can be expected to come largely from the lower economic strata of the community and thus would be unable to pay any substantial portion of the training cost.
2. Support from Employing Agencies. With the rising cost of patient care in hospitals and nursing homes there is mounting public opinion that the cost of educating nursing personnel should not be charged to the "patient care dollar".
3. Public Funds. It is broadly accepted that education should be financed by the community at large and the following sources of public funds should be explored:

   - Local, State and Federal tax monies appropriated for vocational education and adult education. Inquiry should be made through the local public school system
   - Federal tax funds appropriated under the Manpower Development and Training Act of 1962. These funds should be explored through the local office of the Michigan Employment Security Commission.
   - Federal tax funds appropriated under the Economic Opportunity Act. These funds should be explored through the U.S. Office of Economic Opportunity, Washington, D.C.
   - Federal tax funds appropriated for development of health manpower. Funds should be explored through the Division of Nursing, Bureau of Health Manpower,

Public Health Service, U.S. Department of Health, Education and Welfare, Arlington, Va.

4. Private Funds. Available funds of local industries, service clubs, family or other foundations established for charitable, educational and community service purposes should be explored when it is necessary to demonstrate what a training program of this nature can accomplish. Funding from these sources cannot be expected to subsidize a program on an ongoing basis but a pilot project may provide the impetus needed to secure local tax support.

D) APPOINTING AN ADVISORY COMMITTEE

An initial step in planning a pre-employment training program for nurses' aides should be the appointment of an Advisory Committee. Planners should first define the kind of advice they will need, not only in the planning stage but also in development and conduct of the program. People from the community who are best suited to provide this assistance should be asked to serve and should be apprised of what is expected of them. Any committee advisory to a program that prepares nursing personnel, should have majority representation from the nursing profession.

E) SETTING TARGET DATES

An integral part of initial planning should be that of setting target dates for consummating plans. Since final planning for curriculum and facilities cannot be done until instructional staff are on the job it is recommended that the program's director or supervisor should be employed at least three months prior to the target date for admitting students, and other faculty one month prior.

F) INTERPRETING THE PROGRAM

At the outset a plan should be devised to keep all people informed whose interest and support will be essential for a successful program. Throughout the developmental stages all available media should be used to:

- create and sustain favorable interest and understanding of the program among nurses, physicians and employers of nurses' aides.
- give the program appropriate status in the eyes of other faculty and students in the administrative agency.
- create public understanding of the program, readiness to support it financially and interest of potential student recruits.

P A R T II

GUIDE FOR ORGANIZING THE PROGRAM

Having taken initial steps, the agency that is to administer the program should develop the organization plan. This should be described in writing with sufficient detail to be useful to all who will be responsible for development and conduct of the program. The following kinds of information should be considered when developing the organization plan.

A) PURPOSE OF THE PROGRAM

There should be a brief statement of program goals and outcomes envisioned by the planners. Agencies having a dual purpose in offering a program (e.g. those primarily designed to train the hard core unemployed) should make sure that "meeting a community need for safe and effective auxiliary nursing personnel" is a major objective.

B) ROLE OF THE WORKER TO BE TRAINED

A general description of the occupation for which workers are to be trained should be written and used when recruiting trainees and interpreting training goals to the general public. Nurses' aide functions should be described as "performance of uncomplicated tasks in the personal care of people who are sick and disabled and in the maintenance of a safe and healthful environment for patients". It should be made clear that these are duties delegated by a registered nurse and performed under direction of either a registered nurse or a licensed practical nurse. The occupation should be described as one in which the worker must assume a fair share of evening duty, night duty, week-end and holiday assignments. Advisory committees can be helpful in preparing this statement.

C) ADMINISTRATIVE AND FISCAL RESPONSIBILITY

Functions of the sponsoring agency or agencies should be described in terms of administrative and fiscal responsibility and policy controls. There should be an organizational chart defining lines of authority governing the training program. Policy should provide for participation of the nurse director in budgetary planning for the program.

It is recommended that administration of a pre-employment training program for nurses' aides should be centered in the public education system of a local community. When this is not feasible for a particular program, policy should be spelled out for coordinating the program with any similar programs in the community.

D) INSTRUCTIONAL STAFF

Criteria for selection of the instructional staff, the functions and authority delegated to them, personnel policies and the required ratio of instructors to students should be defined and adopted as policy of the program.

Beyond the usual preparation and personal qualifications for licensure as a registered nurse, criteria for selection of the instructional staff should include:

- familiarity with teaching methods acquired through academic preparation and/

or through recognized successful experience.
- familiarity with the concepts and goals of vocational education.
- experience in clinical nursing within the past five years in an institution or health agency employing nurses aides.
- familiarity with duties and functions usually assigned to nurses' aides in accredited hospitals, in licensed nursing homes, and in certified extended care facilities and home care agencies.
- maturity characterized by patience and understanding essential to teach a group of people with a wide range of ages, social and educational backgrounds and work experiences.

Salaries for the instructional staff should reflect the qualifications required and should relate favorably to salaries for other positions with like responsibilities in the administrative agency. Hours of work, fringe benefits and criteria for evaluating the performance of instructional staff should be governed by personnel policies of the administrative agency. Evaluation should take into account the instructor's ability to adjust to change and the inservice education opportunities the administrative agency provides. (See Part I, E for target dates to have instructional staff on the job when a new program is established.)

Since a large part of the curriculum must be devoted to demonstrations and supervised practice, at least one nurse instructor should be employed per ten trainees enrolled. The program's instructor(s) should accompany trainees to the work setting selected for student practice at which time it may be necessary to assign fewer trainees per instructor. Through a flexible system of scheduling, a higher ratio of trainees might be assigned for selected classroom instruction, thus averaging the recommended ratio of total faculty to students.

When a program is designed to include general remedial education or social rehabilitation for disadvantaged individuals, those learning experiences should be provided by qualified instructors and counselors, other than nurse faculty.

E) TRAINING FACILITIES

Facilities essential to implement the curriculum should be described in writing. The classroom should be equipped with modern teaching aids and with materiel and supplies to approximate as nearly as possible, those found in a patient care setting. Size of the classroom and amount of equipment required will depend on the number of students and how teachers are able to schedule demonstrations and student practice. Not more than four students should be required to share practice equipment at one time for classroom experience.

Instructional staff should arrange for the use of appropriate patient care facilities for learning experiences in a job setting. Details of arrangements, relationships and responsibilities of the participating agencies should be a written and signed joint agreement. The agreement should clearly specify that the patient care facility is responsible for the care of its patients. A procedure should be spelled out whereby the selection and assignment of student experiences will be a joint responsibility of the clinical instructor and the R.N. supervisor on the patient care unit.

F) RECRUITMENT AND SELECTION OF TRAINEES

A plan should be devised for publicizing the program through all available

media, interpreting the training program, cost, role of the worker to be trained, employment opportunities, qualifications required of trainees and how to make application for the course.

Criteria for selection of trainees should be defined, written and adopted by the proper authority as policy of the program. Pre-requisites for enrollment in a pre-employment training program should be no less than minimum pre-requisites for employment as a nurses' aide where on-the-job training is provided. Applicants should be considered on the basis of merit without regard to race, sex, creed or national origin. Information secured by personal interview should be a major determinant in the selection of students.

The following criteria are recommended for selection of trainees:

1 - Minimum of 18 years of age preferred; 16 and 17 years only if acceptable within policies of participating patient care facilities and regulations governing work permits issued by local school authorities.

2 - Ability to achieve a score in the normal range of an aptitude test designed to evaluate the candidate's learning ability, reading comprehension, clerical perception, manual dexterity and coordination as specified and validated for the nurses' aide occupation (e.g. U.S. Department of Labor, Test Battery 561 administered by the Michigan Employment Security Commission).

3 - Potential for nurses' aide work as evidenced by response on a structured interest inventory administered and interpreted by a qualified vocational counselor, (e.g. in a local school system or Michigan Employment Security Commission office).

4 - Suitable personal characteristics determined from interview by a person who is knowledgeable about this occupation and skilled in assessing a candidate's potential relevant to:

- emotional maturity and ability to communicate.
- genuine interest in people and in helping those who are ill.
- responsible attitudes toward work and supervision.
- serious intent to be available for employment as a nurses' aide.
- socially acceptable personal grooming, hygiene and conduct.
- integrity and trustworthiness.
- freedom from observable handicaps that would deter success in this occupation.
- adequate arrangements for the care and well being of her/his own children or other dependents.

5 - Good physical and mental health as determined by report of a recent medical examination.

6 - Potential for being a dependable and cooperative worker as evidenced by a record of previous employment or a recent school record.

G) TRAINING OBJECTIVES

Development of training objectives should be the responsibility of the instructional staff. These should be "minimal" competencies generally accepted as reason-

able and safe for a worker upon entering this particular occupation. Advisory committees can be helpful in this regard and should be consulted.

Competencies agreed upon as training objectives should be described as observable behaviors and skills that will give evidence of a trainee's ability to:

- relate to patients, families and co-workers, positively
- follow directions, observe and report, accurately
- handle patients, equipment and supplies, safely

Training objectives should be written in sufficient detail to serve as the basis for:

- planning and evaluating the curriculum
- evaluating performance of the trainee
- interpreting to employers what they can expect of workers who were trained in the program.

(See Part III, A for example of how to write training objectives)

H) CURRICULUM

Curriculum planning and selection of course content should be spelled out as a responsibility of the instructional staff. In order to accommodate course content usually found necessary for trainees to acquire "minimal job competencies" for the nurses' aide occupation today, a minimum of 210 hours is recommended for pre-employment training.

Because of the nature of activities required of nurses' aides, 1/3 of the instruction should be planned in the classroom setting and 2/3 in a patient care setting. A course schedule should be developed which gives evidence that the curriculum will provide approximately that ratio of planned experiences and that essential content will be covered in time allotted for the program.

Lesson plans should be based on training objectives agreed upon by the instructional staff. Learning experiences that the teacher provides to impart knowledge should emphasize underlying reasons for policies, procedures and safety measures. Experiences for developing skills should provide liberal time for teacher demonstrations and closely supervised student practice.

(See Part III for recommended course content and examples of a lesson plan and a course schedule.)

When a program is designed to include remedial education and/or social rehabilitation, provision should be made to extend the curriculum beyond the 210 hours essential for minimal occupational training. Planning for extra curricular or remedial experiences should be a joint effort of the registered nurse faculty and the counselor primarily responsible for implementing those phases of a program.

I) EVAULATION

Provisions for evaluating the trainee's performance and for evaluating the

curriculum and effectiveness of the program in meeting community needs should be incorporated in the organization plan. Evaluation data should be used as guides to improve the program and to meet changing community needs.

1 Evaluation of trainees' performance.

Criteria and instruments for evaluating trainees should be developed by the instructional staff:

- the program's "Training Objectives" enunciating competencies that each trainee is expected to achieve should constitute major criteria for final evaluation.
- check lists of procedures and tasks that trainees must learn to perform safely and accurately should be set up, kept up-to-date for each trainee and used in periodic and final evaluations.
- anecdotal notes of day to day observations of trainee performance and conduct should be kept and used in periodic and final evaluations.
- written and oral tests to evaluate trainee knowledge and understanding of subject matter should be utilized for periodic and final evaluations.
- formal progress reports should be written and discussed with the trainee at regularly scheduled intervals.

Recommendations relevant to the quality and grade of achievement that constitutes satisfactory trainee performance for successful completion of the course or for remaining in the program should be formulated by the instructional staff and should be adopted by the proper authority as policy of the program. Advisory committees can be helpful in formulating such recommendations.

2 Evaluation of the curriculum in meeting training objectives.

There should be regularly scheduled review of the curriculum by the instructional staff, for the purpose of evaluating content, teaching methods and facilities utilized by the program. Instructors should keep anecdotal notes on a continuing basis to assist in this review. Subsequent revision of the curriculum to institute improvements should be the prerogative of the instructional staff.

3 Evaluation of the program in meeting community needs.

The total program should be evaluated periodically for its effectiveness in meeting community needs. Advisory committees should participate actively in developing criteria for such appraisal, evaluating the data and recommending change. This might be approached from several points of view:

- appraisal of "on-the-job" performance of a relatively large sample of former trainees, based on training objectives.
- appraisal of how nearly the training objectives are meeting the needs of employing agencies, based on the "kinds" of additional training that employers must provide.
- appraisal of the program's quantitative yield of new workers in relation to meeting the community's demand for nurses' aides who are trained before employment.

J) EMPLOYMENT COUNSELING AND PROCEDURES

Provision should be made for individual and/or group counseling to advise trainees about employment opportunities in the community and proper procedure for making application for a job. Trainees should also be advised about job placement services of the Michigan Employment Security Commission and how to register with that agency.

P A R T III

GUIDES FOR INSTRUCTIONAL STAFF

A. TRAINING OBJECTIVES - DEFINITION AND MODEL

Training objectives are desired outcomes for the learner that are defined by the teacher, that can be achieved through educational stimuli and that can be observed as actual performance (observable behaviors). Training objectives should be realistic for both the learner and the teacher to achieve. In the case of a pre-employment training program, training objectives should be indicators of at least "minimal competencies" for the occupation.

Observable behaviors are not separate and distinct one from the other, but are held together by unity of purpose in achieving a central or overall objective. That unity, as conceived by the teacher, determines the units of instruction and subsequent selection of course content. Following are illustrations of how training objectives might be written for a unit dealing with:

THE PATIENT CARE ENVIRONMENT

Overall Behavior:

Maintains a safe and comfortable environment for patients, visitors, and employees.

Representative Behaviors:

1 - Recognizes that every procedure is designed for the safety of all
  a. Works within limits of delegated and established procedures.
  b. When in doubt about implementing a procedure seeks guidance from nurse.

2 - Identifies patients accurately and appropriately when performing patient care.
  a. Checks patient's wrist identification band.
  b. Asks patient to identify himself.
  c. Calls patient by name rather than room and bed number.

3 - Demonstrates understanding of what is important to patients with respect to their surroundings and means of continuous communications with nursing personnel.
  a. Instructs the patient in use of equipment for signaling nursing personnel.
  b. Places signal cord within reach of the patient at all times.
  c. Answers the patient's call promptly and courteously.
  d. Observes when room temperature, light, ventilation, odors, sights or noise are causing patient discomfort and seeks direction from the nurse when unable to correct this.
  e. Places patient's drinking water, tissues and his reading, writing or other diversional materials within easy reach.
  f. Respects patient's need for privacy by pulling cubicle curtains when giving patient care and when patient requests privacy, and by knocking on door or by addressing a patient in a curtained cubicle by name before entering.

4 - Is alert to potential environmental hazards.
   a. Places furniture, bedside table and equipment for patient's safety in reaching or moving about.
   b. Instructs the ambulatory patient with regard to light switch for use after dark.
   c. Removes spilled liquids, flower remnants, paper, broken glass and other objects from the floor.

5 - Complies with policies and procedures pertaining to operation of hospital beds and hospital bedmaking involving patient safety and comfort.
   a. Changes bed linen with bed flat and in "high" position.
   b. Lowers bed to "low" position after bed linen is changed.
   c. Positions lower sheet tightly to avoid wrinkles.
   d. Positions top sheet, blanket and bedspread to allow the patient freedom of feet and legs without constriction.

6 - Contributes to control of infection through hand washing practices and procedures.
   a. Always washes hands prior to and following care of a patient, prior to handling of clean linen, equipment, food trays and nourishment and following the handling of soiled materials.
   b. Washes hands with approved procedure using soap, friction, rinsing and drying.

7 - Understands that the uniform worn by hospital personnel may harbor organisms that spread infection.
   a. Avoids unnecessary contact of uniform with linen, equipment and waste material in patient's room.
   b. Holds clean and used linen, equipment and waste away from uniform upon handling.
   c. Avoids wearing soiled uniforms.

8 - Demonstrates understanding that concurrent and terminal disinfection of articles used in care of patients is necessary to control the spread of infection.
   a. Rinses and cleans a patient's utensils after each use.
   b. Provides disinfected utensils for newly admitted patients.
   c. Follows directions accurately for cleaning and sterilizing utensils and equipment in the utility room.
   d. Does not return unused linen or supplies from a patient's room to general storage area.
   e. Does not transfer equipment from one patient to another without terminal disinfection.

9 - Controls cross infection by safe procedures in disposing of waste.
   a. Disposes of waste collecting paper bags before they become overflowing.
   b. Closes waste collecting paper bags before carrying them from patient's room.
   c. Deposits waste materials in trash containers.
   d. Replaces covers on all trash containers.

10 - Avoids injury to patients and self, and minimizes self-fatigue when moving or lifting patients and equipment.

a. Requests assistance to move or lift patients and equipment that are heavy or difficult to move.
b. Keeps back straight and knees flexed when lifting, pushing and stooping.

11. Reports defective equipment and electric wiring.
    a. Watches for and reports promptly any broken electric plugs, frayed wires and defective equipment or furniture.
    b. Observes glass equipment such as thermometers, drinking tubes, connecting tubes, water glasses, for chips and cracks and avoids use of damaged equipment.

12. Demonstrates understanding of fire prevention and control.
    a. Keeps stairway and other shaft doors closed.
    b. Becomes aware of patients' smoking habits.
    c. Instructs patients in the correct use and disposal of cigarettes and matches.
    d. Disposes of combustible materials in appropriate containers.
    e. Upon question, can describe the location and use of fire extinguishing equipment and how to evacuate patients in case of fire.

B. COURSE CONTENT - RECOMMENDED

Following is an outline of content recommended for a pre-employment training program for nurses' aides. It is presented in twelve Units each comprised of related subject matter. Instructors using this Guide may choose a different unit sequence or may choose to integrate some of the subject matter throughout the curriculum.

The depth and scope of treating specific course content will depend on how it relates to the role of the nurses' aide. For example, the nurses' aide may give a patient a tepid bath to reduce fever, taking the patient's temperature before and after as directed - but the aide does not assess the need for this care, does not plan the care and does not evaluate its effectiveness. Nevertheless, it is imperative for the worker to understand the importance of these tasks and to be able to perform them safely, skillfully and accurately.

The recommended content was developed by people in Michigan who are knowledgeable about the nurses' aide occupation. Directors of nursing in a relatively large and representative sample of patient care facilities that employ nurses' aides have reviewed this Guide and concur with the content recommended.

UNIT I, Role of the Nurses' Aide, Relationships, Work Situation

This unit is concerned with what is entailed when one becomes a nurses' aide. The purpose is to develop a conceptual framework and readiness for learning that will follow.

There should be a description of a patient to help the learner understand:
- what it means to be sick or otherwise disabled.
- what it means to be removed from the security of one's home and to adjust to formidable surroundings, hospital routine, different food, etc.

- what it means when family life is interrupted by illness of the wager earner, homemaker or other family member.

There should be interpretation of the purpose of institutions that provide patient care and what this means in relation to:

- their responsibilities for the safety and well being of patients.
- their importance and obligations to the community at large.
- their need for policies governing patient care procedures and personnel practices.

There should be a definition of nursing with emphasis on:

- the concept of "assisting" - doing for patients what they cannot do for themselves.
- the intimate nature of this work; confidential information communicated about patients and their care; the meaning of ethics.
- appropriate conduct, cleanliness and grooming of people who care for the sick.
- the role of the nurses' aide and the kinds of nurses who direct their activities.
- other personnel who work in patient care institutions and the relationship of their work to patient care.

Activities

- Tour of a patient care institution.
- Observing nursing personnel at work.
- Film, "For the Love of Life." (American Hospital Association)

UNIT 2, Patient Care Environment

This unit is concerned with maintenance of a safe and comfortable environment for patients, visitors and employees. The purpose is:

- to deepen the learner's understanding that administrative policies have purpose and how they relate to maintenance of a safe and comfortable patient care environment.
- to impart to the learner an understanding of what is important to patients with respect to their physical surrounding and their need for personal identity, for privacy and for a means of prompt or continuous communications with nursing personnel.
- to provide student experiences in the patient care setting that will enable the learner to perform simple tasks and procedures that contribute to maintenance of a safe and comfortable environment.

Emphasis should be placed on procedures and pre-cautionary measures that maximize safety for all people in the patient care environment:

- what cleanliness means in a hospital, hand-washing, apparel.
- definitions of contamination, disinfection, sterilization.

- precautions in handling clean and soiled equipment and supplies.
- factors in identifying patients.
- importance of knowing and following established procedures.
- hazards of defective equipment, furniture, fixtures.
- accidental hazards, e.g. broken glass, spilled liquids, fire.
- body mechanics to minimize physical strain/injury when lifting, pushing, reaching, stooping.

Activities

- Films, "The Patient Is a Person," (American Medical Association, 535 North Dearborn, Chicago, Illinois 60610. Free, loan.)
  "Handwashing In Patient Care," (Audio-Visual Center PHS, Communicable Disease Center, Atlanta, Georgia 30333. Free, loan.)
- Arranging a patient unit for order, comfort, convenience.
- Disposing of waste collecting bags.
- Caring for a patient's flowers.
- Making an unoccupied bed.
- Adjusting a hospital bed to variable heights and positions.
- Answering a patient's signal, identifying patient.
- Handling of linen - clean and soiled.
- Cleaning a patient unit in readiness for next patient.
- Cleaning and care of articles in the utility room.
- Care of unit sterilizer; handling sterile supplies.

UNIT 3, The Human Body

This unit is concerned with the structure of the human body and normal functioning of its component parts. The purpose is:

- to provide the learner with a frame of reference for observations and patient care.
- to provide the learner with a proper vocabulary for communicating with patients and reporting observations relating to the human body.

Content should include a "general" description of the body systems and their relationships, one to another:

- skeletal system
- muscular system
- circulatory system
- digestive system
- urinary system
- respiratory system
- nervous system
- reproductive system
- auxiliary systems - skin, endocrine (See Unit 11, g for skin care)

Emphasis should be placed on learner understanding of what is "normal" as a point of departure for observing deviations from normal.

Activity

- Film, "Digestive System" - U.S. Army Audio-Visual Center nearest you. Free, loa

UNIT 4, Communications, Observations, Reports, Records

This unit is concerned with the importance of observations and communications in the care of patients. The purpose is:

- to help the learner understand the vital role of the nurses' aide in communications to and from the patient.
- to provide the learner with a background of knowledge from which to develop skills in observing, reporting and recording.

Instructions pertaining to "recording" should emphasize differing policies of employing agencies relative to what is required of the nurses' aide.

Included in the course content, there should be interpretation of:

- patient sensitivity to communications via sight, hearing and touch.
- the meaning of non-verbal patient communications, such as crying, silence, posture.
- the kinds of information that can be shared with patients and their families.
- the importance of prudence in answering questions and receiving complaints.
- channels and devices through which nursing personnel communicate in an organized nursing service.
- what and how to observe and to whom to report.
- the importance of promptness, clarity and accuracy in reporting/recording.
- telephone manners and usual policy for nurses' aides in handling phone calls.

Emphasis should be placed on the significance of reporting information the patient shares with the nurses' aide pertaining to personal problems, as well as reporting obvious signs of improvement, stability or regression in a patient's condition.

Activities

- Observing and describing verbably, such things as cardinal signs, skin color and condition, behavioral change, body discharge, flow of parenteral fluids, appearance of dressings and patient progress toward independence.
- Attending ward conferences and morning reports.
- Recording observations - the nursing care plan/patient record.
- Reporting completed assignments.

UNIT 5, Nutrition, Food and Fluids

This unit is concerned with the importance of good nutrition to health. The purpose is to enable the learner to understand:

- the relationship of food and fluids to medical and nursing therapy, including some modified diets.
- the influence that pain, fatigue, anxiety and other emotional disturbances have on appetite and a desire for food.
- how to initiate and carry out measures to implement the therapeutic regime, such as providing for patient handwashing and if necessary, mouthcare before eating; feeding the patient unable to feed himself; observing and reporting

intake of food and fluids. (See Unit 9 for measurement of intake.)
- precautions in serving patients on special or restricted diets.

Emphasis should be given to the meaning of food to patients - amounts, kinds and preferences due to individual differences caused by age and cultural, regional and nationality backgrounds. Measures contributing to safety, comfort and convenience of the patient should be prime considerations in teaching skills for serving food and feeding patients.

Activities

- Film, "Feeding the Patient", Veteran's Administration Central Office Film Library, Washington, D.C. Free, loan.
- Preparing patients for meals.
- Serving and removing a food tray.
- Feeding the helpless patient.
- Passing fresh drinking water.
- Passing interval nourishment.

UNIT 6, Temperature, Pulse, and Respirations

This unit is concerned with temperature, pulse and respirations as vital signs of a patient's condition. The purpose is:

- to help the learner understand the significance of repetitious tasks of taking and recording temperature, pulse and respirations.
- to enable the learner to acquire safe and accurate skills for the procedures.

Content should include:

- definitions and importance of temperature, pulse and respirations.
- how a thermometer works and precautions against breakage.
- care in handling and cleaning a thermometer to prevent spread of infection.
- the ranges of normal for body temperature, pulse and respirations.
- other observable characteristics of pulse and respirations.
- different methods of taking temperature and types of thermometers used.
- how intake of iced food or fluids can alter mouth temperature.
- the importance of having a patient at rest when taking the T.P.R.
- reporting and recording T.P.R.

Activities

- Cleaning, handling, shaking down thermometer.
- Taking temperature - oral, rectal, axillary.
- Taking pulse and respirations.
- Reporting/recording T.P.R.

UNIT 7, Personal Care Activities

This unit is concerned with activities of daily living in the area of personal

care which the sick or disabled patient cannot do for himself or with which he requires assistance. The purpose is to enable the learner to:

- understand the importance of personal care to the comfort and well being of patients and the contribution the nurses' aide makes as a member of the nursing team in performing personal care tasks.
- acquire knowledge and skills for numerous and varied personal care tasks with which nurses' aides assist and in performing these tasks to apply prior learning pertaining to body mechanics, other safety precautions, communications, observations, reporting/recording.

Content relating to elimination (urine, feces, vomitus, perspiration) and to discharges from other body orifices (e.g. expectoration, menses) can properly be included in this unit. Emphasis should be placed on learner understanding of "normal" elimination and body discharge and the importance of being constantly alert in observing and reporting deviations from normal when giving personal care to patients. (See Unit 9 for measurement of out put and Unit 8 for enemas.)

Content should also include interpretation of individual differences in patients' feelings about personal care, such as:

- embarrassment in needing assistance with personal care, particularly care related to elimination of urine and feces.
- anxiety over bowel habits, particularly among the elderly.
- anxiety or embarrassment upon being examined by the physician.
- reaction to daily bathing, not uncommon among some nationalities or the elderly.

The trainee should be helped to understand that there will be variations in procedures among employing agencies but that fundamental skills and precautionary measures in the personal care of patients will apply universally.

Activities

- Care of mouth, teeth and dentures.
- Morning care with bed bath.
- Making an occupied bed.
- Assisting with tub bath/shower.
- Giving a back rub.
- Giving a partial bath.
- Changing a bed patient's gown.
- Assisting a patient to dress and undress.
- Caring for the hair and nails (include shampoo).
- Shaving face of male patient.
- Giving and removing a bed pan/urinal.
- Assisting the ambulatory patient with toilet needs.
- Assisting the ambulatory patient in walking.
- Turning/assisting a patient to turn/in bed.
- Positioning a patient in bed/in a chair.
- Transferring/assisting a patient to transfer/to and from a wheel chair.
- Transferring/assisting a patient to transfer/to and from a stretcher.

- Transporting a patient. (refer to Unit 10)
- Assisting when physician examines a patient.

UNIT 8, Special Equipment Used In Personal Care Activities

This unit is concerned with patient care which requires the use of special equipment and with which the nurses' aide usually is required to assist. The learner should understand that there will be differences in manufactured equipment used by different employing agencies. There should be emphasis on fundamental skills and precautionary measures that apply regardless of equipment variations. Content relating to each activity should include "care of the equipment" and adaptation of "personal care skills" in these special situations.

a) Enema. Content should acquaint the learner with the types and purposes of enemas, equipment used and how it works. The learner should have opportunity to practice giving an enema to a patient in bed, helping the ambulatory patient to the toilet stool, observing and reporting the amount and nature of feces and flatus expelled.

b) Hot water bottle/ice bag. Content should include precautions and procedures for filling and applying a hot water bottle and an ice bag. Emphasis should be placed on observations to which one must be particularly alert, e.g. vulnerability of aged patients to skin burns.

c) Rubber rings; sponge, wool and air filled pads. Content should "acquaint" the learner with the various kinds of equipment and materials used for comfort and for prevention of tissue breakdown in pressure areas. Emphasis should be given to precautions and observations when applying and removing these devices.

d) Bed rails. Content should enable the learner to understand the reasons for and use of bed rails; reactions of some patients to restrictions imposed; the several kinds of equipment, permanently attached and applied; padding precautions for restless patients; precautions to protect both the patient and one's self from injury when working with this movable equipment.

e) Bed cradles. Content should help the learner to understand purposes for which bed cradles are used; variations in cradles and examples of patients for which used; precautionary measures when applying and removing a cradle and when giving other care that might displace the equipment.

f) Footboards. Content should impart to the learner the purpose of a footboard. Emphasis should be placed on proper positioning of the feet and cushioning of the heels and/or ankles for the several body positions.

g) Binders or special bandages. Content should "acquaint" the learner with various types of binders that may be ordered for patients including elastic stockings and ace bandages. Emphasis should be placed on precautions, observations and reporting relating to patient comfort and flow of circulation.

Activities

- Experience in care and handling of special equipment.
- Practice in adaptating "Personal Care Activities."

UNIT 9, Measurement of Intake and Output; Collection of Specimens; Testing Urine

This unit is concerned with special tasks that are interrelated, although reasons for them may differ. Purpose of the unit is:

- to impart to the learner why these activities are important.
- to enable her/him to acquire accurate skills for those tasks with which the nurses' aide is usually expected to assist.

a) Measurement of intake and output. Content should include:

- systems of measurements and when used, e.g. fluid intake/output by oz. or c.c. and food intake/emission by estimate of portions served.
- equipment and precautions for measuring urine output.
- how to report/record measurement of intake/output.

Emphasis should be placed on the importance of accuracy in measurements, observations and reporting.

b) Collection of specimens. Content should include:

- reasons for collecting specimens.
- kinds of specimens and who collects them.
- receptacles or containers used.
- precautionary and special handling.
- labeling specimens.

Emphasis should be placed on procedures for collecting urine, feces and sputum specimens and the importance of clear and accurate labeling of all specimens. The learner should be "made aware" of special handling of specimens collected by the physician such as blood and spinal fluid and the importance of asking for and/or following specific directions when required to assist with unfamiliar procedures.

c) Testing urine for sugar and acetone. Content should include:

- reasons for these tests and description of testing agents.
- procedure for making the tests, observing and reporting results.

Emphasis should be placed on accuracy in performing the procedures and reporting test results. It should be pointed out that accountability for interpreting the test results rests with the nurse.

Activities

- Measurement of fluid intake and output.

- Reporting/recording intake and output.
- Collection of urine specimens.
- Twenty-four hour urine specimens.
- Collection of sputum specimens.
- Collection of feces specimens.
- Labeling of specimens.
- Testing urine for sugar/acetone

UNIT 10, Admission, Transfer, Discharge

This unit is concerned with responsibilities that accompany the admission of a patient, transfer from one unit to another and the patient's discharge from the institution. The purpose is:

- to give the learner insight into patient anxieties associated with each of these environmental changes.
- to enable the learner to comprehend the kinds of procedures entailed.

It should be made clear that routines will differ from one institution to another and that one must learn and follow specific procedures in a particular work situation.

a) Admission of a patient. Content should include:

- description of what is entailed for the patient and for the various departments of an institution when a patient is admitted.
- importance of first impressions, e.g. having the room ready, courtesies in welcoming the patient, how to introduce one's self.
- usual admission procedures - taking and recording height, weight, T.P.R., inventory and safe keeping of clothing and valuables.
- instructing the patient in use of signal equipment; courtesy of introducing patient to others in the room.
- reporting entailed when the nurses' aide assists with the admission procedure.

b) Transfer of a patient. Content should include:

- interpretation of common reasons why patients may be transferred from one unit to another within an institution.
- importance of knowing exactly what information you can share with the patient being transferred.
- assistance the patient may need in collecting his personal effects for transfer.
- description of modes of transfer (bed, stretcher, wheel chair, ambulation).
- precautions, courtesies and reporting entailed when the nurses' aide accompanies the patient to the new unit.

c) Discharge of a patient. Content should include:

- importance of information that the patient shares with the nurses' aide about his home situation that enables the nursing team leader to arrange appropriate

continuing care.
- assistance the patient may need and the employing agency may require in the collection and inventory of personal effects on discharge.
- courtesies, precautions and reporting entailed when the nurses' aide accompanies the patient to the exit.

Activities

- Film, "Admission of a Patient" (American Hospital Association).
- Observing, assisting with patient admission, transfer, discharge.

UNIT 11, Special Types of Care

This unit is concerned with patient care of a special nature with which the nurses' aide may be required to assist, although student experience will be limited in short term pre-employment training. The purpose is:

- to acquaint the trainee with what is entailed in special types of patient care.
- to impart to the trainee the importance of caution and need for special instructions on the job to assist with such care safely and effectively.

a) Pre and post operative care. Content should "acquaint" the learner with:

- patient anxiety associated with surgery.
- reasons for pre-operative enemas, restricted intake, shaving of the operative area, special apparel worn to and in the O.R.
- patient care on morning of surgery, removal and safe keeping of dentures, jewelry and other personal effects.
- what takes place between the time a patient goes to and returns from the operating room.
- preparation of the unit for patient's return from O.R.
- description of a patient on return from O.R.

Activities

- Pre-operative shaving.
- Preparing a patient to go to the O.R.

b) Care of a patient in a plaster cast/traction/bed frame. Content should "acquaint" the learner with:

- the nature and broad scope of disabilities for which such equipment is used.
- the structure and/or mechanics of equipment most commonly used.
- measures that may be required for immobilizing (e.g. sand bags) or positioning the body or an extremity.
- precautions when caring for, or working around patients with complicated equipment.
- what it means to be fully or partially immobilized for a prolonged period.
- special problems to which these patients are susceptible such as loss of appetite, retarded elimination, fatigue, restlessness, skin discomfort and pressure areas.

Activities

- Observation of equipment and care rendered to these patients.
- Film, "Nursing Care With a Stryker Frame", U.S. Army Audio-Visual Center nearest you. Free, loan.

c) Care of the patient receiving oxygen. Content should "acquaint" the learner with:

- the importance of oxygen in sustaining life.
- the kinds of patients that receive oxygen therapy.
- observable symptoms of oxygen insufficiency.
- equipment for administering oxygen to patients.
- precautionary measures when working around patients receiving oxygen.
- importance of all employees knowing what to do in case of fire.

Because of the complicated nature of illness for which oxygen therapy is ordered and the highly technical procedures involved, trainees should be cautioned about their role in assisting with care for these patients.

Activity

- Observation of equipment and care rendered to these patients.

d) Care of patients with tubes and catheters. Content should "acquaint" the learner with the use of catheters and rubber or plastic tubing inserted into natural body openings, i.e. to draw fluids or gases from the body or to insert nourishment, fluid and gases into the body. The purpose should be:

- to familiarize the trainee with the types of tubes most commonly used so they can call them by proper names, e.g. Levine tubes, nasal canulas and catheters, regular and Foley catheters, Cantor or Miller - Abbott tubes, rectal tubes.
- to impart to the learner the principles involved in withdrawing and inserting fluids and gases by tube or catheter, e.g. gravity, suction, pressure.
- to teach proper handling and cleaning of tubes and catheters.
- to interpret precautions that the nurses' aide must take when working around or caring for these patients.

Emphasis should be placed on the complexity of care for these patients and the responsibility of the nurses' aide to request and/or follow specific directions for giving personal care and making observations when asked to assist with care for these patients.

Activities

- Observation of personal care of patient(s) with tube(s) inserted.
- Cleaning of tubes and catheters.

e) Care of the patient in isolation. Content should impart to the learner the importance of performing isolation techniques precisely as taught and should

re-emphasize former learning in relation to:

- how infection can be transmitted from one person to another
- definitions of contamination, disinfection, sterilization.
- handwashing procedure.

Content for new learning should include:

- description of protective apparel worn in an isolation unit.
- a safe procedure for putting on and removing protective apparel.
- a safe procedure for food service; care and handling of equipment, linen and supplies and disposal of waste.
- how some patients feel about being isolated and the importance of their co-operation.
- rules pertaining to the patient's visitors.
- care of the patient unit when isolation is terminated.

There should be opportunity for trainees to express concerns they may have for their own personal safety when caring for patients with communicable disease. The trainee should be made aware of situations where handwashing and toilet facilities may not be available in the patient's room and the importance of following isolation techniques <u>exactly</u> as set up by each employing agency.

<u>Activity</u>

- Practice of a safe gown technique and safe handling of equipment, supplies, waste.

f) <u>Care of the dying/deceased patient</u>. Content should help the learner to understand special needs of the dying patient, his family and friends including spiritual needs. There should be opportunity for trainees to verbalize their own feelings about facing these kinds of situations. Content should acquaint the learner with observable symptoms of death and should emphasize the importance of tact, sympathy and appropriate conduct of nursing personnel.

Content pertaining to post mortem care should acquaint the learner with usual care procedures and the importance of following specific directions set up by each employing agency with regard to:

- official pronouncement of death by a physician.
- care of the deceased body, cleansing, positioning, replacement of dentures and changing of soiled dressings and gown.
- assisting the family to view the patient if they wish.
- preparation and/or placement of body identification tag.
- inventory and safe keeping or delivery to family of the patient's personal effects.

<u>Activities</u>

- Observing, care of the dying.
- Assisting with care of the deceased patient.

g) Care of the skin and pressure areas. Instructors should consider integration of this content into the unit pertaining to personal care activities. Because it represents highly important learning for the nurses' aide it is presented in this outline separately as a special care activity. Content should enable the learner to understand:

- the structure and function of the skin, (enlarging on content in Unit 3).
- problems encountered in skin care of the bedridden patient relating to pressure, heat and moisture.
- definition of decubiti, early and progressive symptoms.
- pre-disposing factors in tissue breakdown, e.g. age, nutrition and patient inactivity.
- nursing measures for preventing and minimizing skin and tissue breakdown.
- treatment methods and devices commonly ordered by the physician for patients with decubiti.

Activities

- Observation of decubiti by colored pictures/films.
- Assisting with personal care to prevent decubiti.

h) Training the incontinent patient. Content should enable the learner to understand not only the importance of cleanliness and frequent change of bed linens and apparel of the incontinent patient, but also the possibilities of bowel and bladder training for those patients who are conscious and capable of co-operating in this nursing procedure.

Content should "acquaint" the learner with methods and the satisfactions of training the incontinent patient and what this can mean to patient rehabilitation and to conservation of nursing time and linen supplies. The learner should understand the contribution the nurses' aide can make through observations that suggest feasibility of such training for a patient.

Activity

- Film, "There is a Way", (on bowel and bladder training) available from Michigan Department of Public Health, Lansing. Free, loan.

UNIT 12, Adaptation of Procedures for Special Types of Patients.

This unit is concerned with variations in patient care activities and patient care settings. The purpose is:

- to help the trainee adapt former learning to the needs of special types and age groups of patients.
- to help the trainee identify her/his special skills and the patient care settings where she/he can make the greatest contribution.

Instructors may choose to integrate parts of this unit with personal care activities. Emphasis should be given to adaptations of personal care and precautionary

measures that are particularly important in:

- care of the aged patient.
- care of infants, children, adolescents.
- care of new mothers and newborn babies.

Activity

- Personal care of these patients as opportunity and schedule permit.

In the final classroom session there should be interpretation of limitations of this pre-employment training program with particular attention to additional preparation required to be a nurses' aide in a psychiatric hospital and a home health aide in a public health agency.

LESSON PLAN - MODEL

UNIT 2, The Patient Care Environment (Total "classroom" instructions, 10 hours for this Unit)

Purpose: - to deepen the learner's understanding that administrative policies have purpose and how they relate to maintenance of a safe and comfortable environment for patients, visitors and employees.
- to impart to the learner an understanding of what is important to patients with respect to their physical surroundings and their need for identity, for privacy and for a medium of continuous communication with nursing personnel.
- to provide experiences that will enable the learner to perform simple tasks and procedures that contribute to maintenance of a safe and comfortable environment.

(This is an example of a LESSON PLAN for classroom instruction that might be developed from two objectives for this Unit)

OBJECTIVES (Representative Behavior)	CONTENT	TEACHER'S ACTIVITIES	LEARNER'S ACTIVITIES
1. Recognizes that every procedure is designed for safety of all.	I Hospital Procedures and Policies A. Every procedure is based on an identified administrative policy. 1. Policy is a statement (usually written) to guide procedure Example: a policy states you must notify the hospital when you are going to be absent. 2. A procedure is the manner of method of carrying out policy. Example: the procedure is that you call the nursing office one hour before time you are scheduled to be on duty.	Discussion, questions 1. "What do we mean by the word policy?" "Can you give an example of a policy about absence from work?" 2. "What do we mean by the word procedure?" "Can you describe procedure for notifying the hospital about your absence?"	Respond and discuss Respond Answer questions about this policy and procedure.
a. Works within limits of delegated and established procedures.	B. All procedures and policies are designed for safety of patients, visitors and employees Example: policy is that all patients must be identified; procedure is that all patients have an identifying wristband.	Discussion, questions 1. "Give example of a policy that has given rise to a procedure for protecting patients." Display patient wristband. 2. Discuss reasons why this form of identification has become universal policy in patient care institutions.	Respond and discuss Examine wristband

OBJECTIVES (Representative Behavior)	CONTENT	TEACHER'S ACTIVITIES	LEARNER'S ACTIVITIES
	Policy 1. Example: safety and comfort for visitors requires adequate seating arrangements in patients rooms. 2. Example: safety for employees is that they be given adequate training.	Question: "When a visitor has no chair to sit on and sits on patient's bed, what risks are involved - for the patient, for the visitor?" Question: "Have you ever hurt yourself at home by trying to do something and didn't know the right way to go about it?" Example, moving heavy object.	Respond and discuss
b. When in doubt about implementing a procedure seeks appropriate guidance.	C. Appropriate sources of information 1. Nurse in charge 2. Written procedure manual 3. Employees' handbook 4. Written personnel policies	Discuss precautionary measures that are usual policies of hospitals and nursing homes. Question: "Who and what do you consider appropriate sources of information when in doubt about policy and/or procedure?" Display and circulate sample procedure manual, personnel policies or employees' handbook.	Respond and discuss
2. Identifies patients accurately and properly whenever performing patient care.			
a. Checks patient's wrist identification band. b. Asks patient to identify self. c. Calls patient by name instead of room and bed number.	II Correct indentification of patients essential to safety. A. Check wristband whenever performing a procedure. B. Always ask patient to tell you his name. C. Always refer to patient by name not room and bed number.	Show film: "The Patient is a Person" (20 minutes) Source: American Medical Association, 535 N. Dearborn Chicago 60610 Free. Questions and discussion of film: 1. "What impressed you most about this movie?" 2. "What would you do if the patient was a woman and the wristband said "Leonard Jones"?	Discuss movie and answer questions.

LESSON PLANS FOCUSING ON OTHER STATED OBJECTIVES FOR THIS UNIT, WOULD CONTINUE

Pre-employment Training Program for Nurses Aides
Total Hours – 210
Classroom – 70 hours / Clinical – 140 hours
Class Preparation – 2 hours Daily

COURSE SCHEDULE – MODEL, based on recommended content

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	HOURS	
Introduction (4 Hrs.) Lockers Parking Lunch Attendance Assignments Tour (2 Hrs.) of Clinical Facility	CLASS (4 Hrs.) Unit I Role of Nurses' Aide CLINICAL (2 Hrs.) Orientation to clinical area Observe nurses at work	CLASS (4 Hrs.) Unit II Patient Care Environment CLINICAL (2 Hrs.) Arrange patient unit Care for flowers Disposal of waste bags	CLASS (4 Hrs.) Unit II Cond't CLINICAL (2 Hrs.) Make unoccupied bed Operate hospital bed Handle linen	CLASS (2 Hrs.) Unit II Concluded CLINICAL (4 Hrs.) Clean and prepare Unit for new patient Answer signal Identify patient	CLASS 18 Hours CLINICAL 12 Hours	1st Week
CLASS (3 Hrs.) Unit III The Human Body CLINICAL (3 Hrs.) New experiences: Clean articles in utility room / sterilizer Handle sterile supplies	CLASS (3 Hrs.) Unit III Concluded CLINICAL (3 Hrs.) As before	CLASS (3 Hrs.) Unit IV Communication Observation & Reporting CLINICAL (3 Hrs.) New experiences: Attend report, review assignment sheets, nursing care plans	CLASS (2 Hrs.) Unit IV Concluded CLINICAL (4 Hrs.) New experiences: Observation exercises Report completed work	CLASS (2 Hrs.) Unit V Nutrition Food, Fluid CLINICAL (4 Hrs.) New experiences: Pass interval nourishment Prepare patients for meals	CLASS 13 Hours CLINICAL 17 Hours	2nd Week
CLASS (2 Hrs.) Unit V Concluded CLINICAL (4 Hrs.) New experiences: Serve and remove diet tray Feed patient	CLASS (3 Hrs.) Unit VI TPR CLINICAL (3 Hrs.) As before	CLASS (3 Hrs.) Unit VI Concluded CLINICAL (3 Hrs.) New experiences: TPR and Chart TPR	CLASS (2 Hrs.) Unit VII Personal Care Activities CLINICAL (4 Hrs.) New experiences: Giving and removing bedpan / urinal	CLASS (2 Hrs.) Unit VII Cond't CLINICAL (4 Hrs.) New experiences: Morning care, bedbath, occupied bed making	CLASS 12 Hours CLINICAL 18 Hours	3rd Week
CLASS (2 Hrs.) Unit VII Cond't CLINICAL (4 Hrs.) New experiences: Care of the helpless patient – positioning / turning/bed rails/foot boards	CLASS (2 Hrs.) Unit VII Cond't CLINICAL (4 Hrs.) New experiences: Ambulate patients Assist into wheel chair, on to stretcher	CLASS (2 Hrs.) Unit VII Concluded CLINICAL (4 Hrs.) New experiences: Care of incontinent patient, Special skin care	CLASS (3 Hrs.) Unit VIII Special Equipment CLINICAL (3 Hrs.) New experiences: Care and cleaning of rubber goods / tubing	CLASS (2 Hrs.) Unit VIII Concluded CLINICAL (4 Hrs.) New experiences: Binders, Bed cradles	CLASS 11 Hours CLINICAL 19 Hours	4th Week
CLASS (2 Hrs.) Unit IX Intake and output, specimens CLINICAL (4 Hrs.) As before	CLASS (2 Hrs.) Unit IX Concluded CLINICAL (4 Hrs.) New experiences: Measure and record intake & output	CLASS (0 Hrs.) CLINICAL (6 Hrs.) New experiences: Collect specimens	CLASS (0 Hrs.) CLINICAL (6 Hrs.) New experiences: Test urine for sugar acetone	CLASS (3 Hrs.) Unit X Admission, Discharge, Transfer CLINICAL (3 Hrs.) As before	CLASS 7 Hours CLINICAL 23 Hours	5th Week
CLASS (3 Hrs.) Unit X Concluded CLINICAL (3 Hrs.) New experiences: Admit patient Weigh patient	CLASS (0 Hrs.) CLINICAL (6 Hrs.) New experiences: Discharge patients Transfer patients	CLASS (3 Hrs.) Unit XI Special Care CLINICAL (3 Hrs.) New experiences: Prepare patient for O.R. Give enemas	CLASS (2 Hrs.) Unit XI Concluded CLINICAL (4 Hrs.) New experiences: Prepare room for post op. patient. Observe post-op. care	CLASS (0 Hrs.) CLINICAL (6 Hrs.) New experiences: Care of patient in traction/ bed frame	CLASS 8 Hours CLINICAL 22 Hours	6th Week
CLASS (2 Hrs.) Unit XII Adaptation for special patients CLINICAL (4 Hrs.) New experiences: Isolation technique	CLASS (2 Hrs.) Unit XII Concluded CLINICAL (4 Hrs.) New experiences: Care for infant and child	CLASS (0 Hrs.) CLINICAL (6 Hrs.) As before	CLASS (0 Hrs.) CLINICAL (6 Hrs.) As before	CLASS (1 Hr.) Discuss employment opportunities CLINICAL (5 Hrs.) As before	CLASS 5 Hours CLINICAL 25 Hours	7th Week

New experiences as available – care for dying/deceased; patient in oxygen

MICHIGAN LEAGUE FOR NURSING

Response To Inquiry Regarding Nurses' Aides *

Age Distribution

Size of Hospital by No. of beds	Total No. Nurses Aides Employed	Under 20 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60 & over
74	23	0	6	7	6	3	1
200	91	9	33	10	15	16	8
43	17	0	8	2	5	2	0
292	190	35	39	7	47	50	12
236	116	17	38	21	21	13	6
226	75	0	15	23	17	18	2
58	35	3	12	3	4	13	0
97	40	7	10	7	6	8	2
288	165	53	32	26	25	26	3
154	46	0	9	12	8	15	2
No. ans.	22	0	1	7	7	7	0
181	33	3	14	7	5	4	0
69	57	8	13	13	11	7	5
46	13	1	4	7	1	0	0
313	111	11	36	23	21	15	5
79	44	1	4	8	19	8	4
259	112	16	23	34	34	5	0
382	(139)	(3)	no answer				
366	74	5	12	21	26	6	4
265	24	0	1	5	6	11	1
No. ans.	81	8	25	21	25	1	1
251	100	20	25	40	10	5	0
154	68	0	11	17	35	4	1
151	62	11	16	9	17	9	0
167	91	7	46	15	9	11	3
75	35	1	17	4	3	6	4
157	54	0	11	8	14	16	5
163	79	17	23	9	17	9	4
123	32	0	14	5	9	3	1
300	200	15	50	31	49	40	15
70	27	0	2	6	9	7	3
319	90	20	19	31	20	0	0
160	38	12	10	6	3	7	0
44	25	2	2	5	5	6	5
85	33	1	1	11	13	5	2
170	65	10	20	8	9	17	1
No. ans.	100	16	31	22	18	13	0
Numbers	2468	309	633	491	549	386	100
Percent	100%	12.5%	25.6%	19.9%	22.3%	15.6%	4.1%

* Data presented here were collected from a random sample of hospitals throughout Michigan as guides to the age span of nurses' aides employed and trained on the job.

MICHIGAN LEAGUE FOR NURSING
Response To Inquiry Regarding Nurses' Aides*
Educational Background

Total Number of Nurses Aides	Education less than 8th grade	Completed 8th grade but not high school	Completed high school
23	0	4	19
91	0	30	61
17	0	5	12
190	9	31	150
116	12	35	69
75	0	26	49
35	0	11	24
40	1	4	35
165	0	42	123
46	1	23	22
22	2	15	5
33	0	12	21
57	1	26	30
13	0	3	10
111	0	56	55
44	2	3	39
112	0	0	112
139	0	111	28
74	1	41	32
24	0	2	22
81	8	16	57
100	10	40	50
68	0	9	59
62	3	31	28
91	0	16	75
35	0	12	23
54	1	28	25
79	0	19	60
32	0	11	21
200	8	92	100
27	1	14	12
90	0	37	53
38	0	15	23
25	0	12	13
33	3	19	11
65	4	21	40
100	0	43	57
Numbers 2607	67	915	1625
Percent 100%	2.6%	35.1%	62.3%

* Data presented here were collected from a random sample of hospitals throughout Michigan as a guide to the educational background of nurses' aides employed and trained on the job.

(Appendix)

REFERENCES AND TEACHING AIDS

Occupations Supportive to Nursing. A statement of the American Nurses Association defining the role of auxiliary nursing personnel. 1966. 50 cents. ANA, 10 Columbus Circle, New York, New York 10019.

Preparing Instructional Objectives, Robert F. Mager, 1962. Programmed text designed for learning how to formulate and write objectives for an educational program. Feardon Publishers, Palo Alto, California 94300. Price $1.75.

TRAIN, Test Reservoir for Aide Instructors in Nursing. Card file of 200 questions dealing with care of adult patients, designed primarily for use in classroom discussions when training nurses' aides; also useful in evaluating learning. 1965. With manual, $5.00. Evaluation Services, National League for Nursing, 10 Columbus Circle, New York, New York 10019.

TASK, Testing the Aide's Skills with Children. Card file of 200 multiple choice questions for evaluating skills of nurses' aides in care of children. 1965. With manual, $5.00. Evaluation Services, National League for Nursing, 10 Columbus Circle, New York, New York. 10019.

The Construction and Use of Teacher Made Tests, 102 pages, 2nd edition. 1965. A guide for instructional staff. Price $2.50. Publication 14-136, Evaulation Services, National League for Nursing, 10 Columbus Circle, New York, New York 10019.

Training the Nurses' Aide: Instructor's Guide; Student Manual. Two separate publications designed for on-the-job training of nurses'aides. Content covers an extensive scope of activities in acute care hospitals, easily modified through selection of content to meet job requirements in an individual hospital. Illustrated. Student Manual $2.50; Instructor's Guide free upon purchase of 10 Student Manuals, or $5.00 per copy when purchased singly. 1965. Hospital Research and Educational Trust, 840 Lake Shore Drive, Chicago, Illinois 60611.

How to Be a Nurses' Aide in a Nursing Home. Training and procedure manual for auxiliary nursing personnel in nursing homes. 1958. American Nursing Home Association, Washington, D.C.

"The Aide in a Small Hospital," Nursing Outlook, Vol. 11, No. 8, page 577, August 1963. Author Anne Jordheim describes how an aide training program must fit the needs and resources of a community and how one rural area met its special needs.

"How Nurses' Aides Learn Their Jobs," American Journal of Nursing, Vol. 62, No. 8 page 54, August 1962. Author Julius Rath, Ph. D., a sociologist observes and analyzes how relationships in the patient care setting influence job performance of the nurses' aide.

Bedside Nursing Techniques, Audrey Latshaw Sutton. 1964. W.B. Saunders Company, Philadelphia, Pennsylvania.

A Self-Instructional Lesson Manual, designed to teach selected medical terminology. United Hospital Fund of New York, 3 East 54th Street, New York, New York 10022.

Body Mechanics in Nursing Arts, Bernice Fash. 1946. McGraw Hill Book Company, New York, New York.

TRAINEX. 35 mm film strips and disc records, programmed for use in training nursing personnel. Three packages, each consisting of five programs dealing with specific patient care procedures. 1965. Trainex packages can be examined for 10 days without charge. Purchase price, $200 for each of the three packages; $45 for a single program. Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.

Film and Audio-Visual Aid Manual. Contains suggestions for development and effective use of various types of audio-visual aids. Price $3.00. United Business Publications, 200 Madison Avenue, New York, New York 10001.

How To Use Audio-Visual Aids. Free pamphlet, Smith, Kline and French Laboratories, Philadelphia, Pennsylvania 19101.

Film Libraries have teaching films for loan, some of which are useful in training auxiliary nursing personnel. When writing for film catalogues specify use for which teaching aids are desired:

American Hospital Association, Film Library, 840 North Lake Shore Drive, Chicago, Illinois 60611.

A.N.A. - N.L.N. Film Library, 267 West 25th Street, New York, New York 10001.

U.S. Public Health Service. Send for Film Catalogue, price $2.00 Superintendent of Documents, Government Printing Office, Washington, D.C. 20204.

U.S. Army, Audio-Visual Support Center. For address of the nearest center write to U.S. Department of the Army, Office for the Civilian Health and Medical Programs, Washington, D.C.

U.S. Naval Medical Center, Film Library, Bethesda, Maryland.

U.S. Air Force, Film Library Center, 8900 South Broadway, St. Louis, Missouri 63125.

Veterans Administration, Film Library Center, Vermont Avenue and H Street, N.W. Washington, D.C.

Michigan Department of Public Health, Film Service, 3700 North Logan, Lansing, Michigan 48906.

MICHIGAN LEAGUE FOR NURSING

A Michigan United Fund Agency

The Michigan League for Nursing, a branch of the National League for Nursing, is a membership organization comprised of people from many walks of life. It represents the only voluntary community effort dealing specifically with nursing problems. Its present program is designed to promote:

(1) Improvements in nurse supply - through recruitment of students for schools of nursing and inactive nurses.

(2) Community planning for orderly expansion and sound development of programs to educate nursing personnel - through provision of planning guides, planning data and consultation services.

(3) Improvements in nursing services and nursing education - through institutes, workshops and guide materials.

(4) Public understanding of nursing problems and support of corrective measures - through Citizen Conferences and public information media.

For Further Information

write to:

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Detroit, Michigan 48201